County Employees

Enrolling In or Making Changes to
Your Health/Dental Insurance Coverage??

## "Help Sheet"

All relevant blanks <u>MUST</u> be filled in <u>BEFORE</u> submitting an Enrollment Form or a Change Form

If your Enrollment Form or Change Form is NOT complete, your form will not be processed until the correct information is received, thus slowing down any change(s) you request.

- If you change your official address on file with the Fairfax County Retirement Agency, and the zip code of your new address is outside your current health insurance coverage area, you must switch to the Blue Cross, Blue Shield PPO plan or to another plan for which you are eligible. If you must change to a different plan, you must submit a completed enrollment application for that plan within 60 days of your move or your coverage will be cancelled. There are no zip code restrictions for Delta Dental.
- If your intent is to cancel your health or dental insurance coverage, for any reason, including a move, you must submit a Health or Dental Insurance Cancellation Form.
- **Remember!** Once you terminate your County health or dental insurance, you are not eligible to re-enroll.
- If your coverage changes, due to a change of address, or adding/deleting a dependent, new premiums will be effective with the coverage change date. Any adjustments in your monthly check will be effective as soon as payroll allows. If an adjustment in your check is necessary for a change processed after payroll has run but effective in a previous month, it will be made in your next month's check.
- If you are dropping a dependent (including a spouse) you MUST clearly identify the name of the dependent(s) to be dropped. If you do not indicate the name of the dependent to drop, your form will not be processed. If the change is due to a qualified change of status event (i.e. marriage, divorce, loss of dependent status, etc.) you must also identify the event and include the date the event occurred.

- If you are adding a dependent you MUST include dependant's name, date of birth, ID# (except for newborns) and primary care physician, if applicable. If you are adding a spouse you must include a copy of your marriage certificate or the top of your most recent federal tax form showing that you filed as married. If you are adding a dependent with a different last name than yours, you must complete and return a Dependent Certification Form for each applicable dependent. If you are adding a spouse or dependents due to a qualifying event (such as your spouse has lost his or her coverage due to their termination of employment, divorce, etc.), you must include the appropriate documentation (i.e. letter from spouse's former employer, first and last page of divorce decree, etc.) as described in the Benefits Handbook.
- When enrolling for coverage in all plans but the BluePreferred PPO plan or Delta Dental plan, you MUST fill in a primary care doctor's name and ID number for each person covered.
- If you become eligible for Medicare due to turning 65 or because of a disability, you must apply for Part A and Part B coverage (call 1-800-772-1213) and send a copy of your Medicare card to the Retirement Office. If no card has been received by the date that your Medicare coverage would have been effective, and you are enrolled in the FairChoice+BlueChoice or BluePreferred PPO plan, you will be responsible for paying for any charges that Medicare would have paid. These are the only two plans in which a Medicare eligible member may be enrolled
- If you have CIGNA or Kaiser coverage, it will terminate at the end of the month in which you turn 65. You must enroll in another plan within 60 days of your loss of coverage. If you enroll in another plan, it will become effective to the date that your CIGNA or Kaiser coverage was canceled. If you do not submit the appropriate enrollment form by the end of the 60-day period, you will be ineligible for future coverage.